-	10/670/14												
PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							MALL E	LENTITY OTHER THAN					
TOTAL CLAIMS			1				Г	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUME	SER EXTRA	ē	ASIC FEI	375.00	OR			
TOTAL CHARGEABLE CLAIMS			4 minus 20=		•	O XSI		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =		• 0	7 X4:		X42=		OR	You		
MULTIPLE DEPENDENT CLAIM PF			RESENT				<b> </b>	+140=	<del>                                     </del>	1			
* If the difference in column 1 is less than zero, enter "0" in column 2						L	TOTAL	-	OR		200		
7/1/2 CLAIMS AS AMENDED - PART II								IOIAL	<u> </u>	Jon	OTHER	750	
_	(Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	SMALL		
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ş	Total	• 4	Minus	- 1	$\mathcal{T}$	•	l	X\$ 9=		OR	X\$18=		
¥	Independent	• DITATION DE AU	Minus	223	/			X42=		OB	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=		
alad 1						<u> </u>	TOTAL			TOTAL			
_	2 21 0 6 (Column 1) (Column 2) (Column 3)						AL	OIT. FEE	<u> </u>	JO.,	ADOIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	:	HIGH NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	** 4	£	•		X\$ 9=		OR	X\$18=		
₹	Independent FIRST PRESE	NTATION OF MI	Minus LTIPLE DE	PENDENT	CLAIM	-	lſ	X42=		OR	X84≈		
	• • • • • • • • • • • • • • • • • • •						<b>'</b> [	+140=		OR.	+280=		
	(Column 1) (Column 2) (Column 3)							TOTAL Off. FEE		OR	TOTAL ADDIT. FEE		
_		۱											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
3	Total	•	Minus			•		<b>K\$ 9=</b>		OR	X\$18=		
¥	Independent FIRST PRESE	NTATION OF ME	Minus 444 LTIPLE DEPENDENT CLAIM			-		X42=		OR	X84=		

" If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Praviously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE OR ADDIT. If
The "Highest Number Praviously Paid For" (Total or Independent) is the highest numb r found in the appropriate box in column 1.

FORM PTO-875 (Flor. 12/02)

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OR

+280=

OR ADDIT. FEE

+140=